



Tommy Irvin
Commissioner

Georgia Department of Agriculture

Pesticide Division, Room 550 – 19 M.L.K. Jr. Dr., • Atlanta, GA 30334
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IMPORTANT!

Please read carefully

The information below is for those wishing to acquire a commercial pesticide applicator reciprocal license in the State of Georgia.

“Commercial Applicator” is any individual use in or supervising the use of a restricted use pesticide and cannot be defined as a private applicator or is an individual that uses or supervise the use of any pesticide contractor as an employee of that contractor.

“Pesticide Contractor” is any individual or company that engages in the business of applying any pesticide to the lands of another and receives monetary compensation for those applications. There is no fee for Private Applicator.

“Private Applicator” is any individual that uses or supervises the use of a restricted use pesticide in the production of any agricultural commodity on their own property or property leased by them. No fee for private applicators.

Applicants must:

1. File appropriate application for “commercial” applicator license and submit a \$25.00 fee made payable to the Georgia Department of Agriculture. Current copy of certification or license from the reciprocating State must accompany application.
2. File required affidavit attesting that he is aware of the provisions of the Georgia Pesticide Use and Application Act and includes appointment of Attorney-in-Fact for applicants residing outside of Georgia.
3. Show proof of having met requirements FAA, if request is for aerial certification.
4. Obtain Pesticide Contractor’s License, if applicable.

Please note! Our reciprocal agreement with other states does allow for the renewal of your Georgia license based on your satisfying the other state’s re-certification requirements. However, it is your responsibility to notify us in writing within 90 days of expiration of your license if these requirements have been met. No license will be renewed after the expiration date if you fail to notify us.

Reciprocal States

Mississippi
Louisiana
Alabama
South Carolina
North Carolina
Florida
Tennessee—Government Employees Only

STATE OF GEORGIA
Department of Agriculture
Capitol Square
Atlanta, Georgia 30334

Statement of Applicant for Reciprocal Certification for Pesticide Applicator's License

For the purpose of securing a license and certification for pesticide application in Georgia based upon a reciprocal agreement between the State of Georgia and _____,

I, _____, do hereby certify that I am currently certified in the State
Please print

of _____, that I have read the Georgia Pesticide Use and Application Act, that I am aware of its provisions and that I will comply with its requirements. Furthermore, I acknowledge that violation of the above law will be grounds for cancellation of my license and certification.

Signature of Applicant _____
(Must be Notarized)

Date _____

Notary Public

Pursuant to the requirements of the Georgia Department of Agriculture, Registration, License and Permit Act, I do hereby appoint the Secretary of State of the State of Georgia to receive the service of legal process in my behalf.

Signature of Applicant _____
(Must be Notarized)

Date _____

Notary Public

GEORGIA DEPARTMENT OF AGRICULTURE

Pesticide Division – Capital Square, Atlanta, GA 30334

APPLICATION FOR A COMMERCIAL PESTICIDE APPLICATOR'S LICENSE

Date of Application ____-____-____ MONTH DAY YEAR	Social Security Number ____-____-____	Date of Birth ____-____-____ MONTH DAY YEAR	Home Telephone Number (____)-____-____
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Name _____
(Last) (First) (Middle)

Mailing Address _____

City _____ State _____ Zip Code _____ County _____

EDUCATIONAL BACKGROUND

Check the box indicating the highest level of education you have completed:

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. Grade 1 – 8 | <input type="checkbox"/> 3. College 1 – 2 | <input type="checkbox"/> 5. Post Graduate |
| <input type="checkbox"/> 2. Grade 8 – 12 | <input type="checkbox"/> 4. College 3 – 4 | <input type="checkbox"/> 6. Voc-Technical School |

CHECK ONE

☐ (11) THIS IS MY FIRST APPLICATION FOR GEORGIA
"RESTRICTED USE" PESTICIDE CERTIFICATION.

☐ (12) I AM REQUESTING A RECIPROCAL LICENSE.
I AM CERTIFIED TO USE "RESTRICTED USE"
PESTICIDES COMMERCIALLY IN THE
STATE OF _____
MY LICENSE WAS ISSUED _____
MY LICENSE WILL EXPIRE _____

I HAVE PREVIOUS APPLICATION ON FILE WITH THE GEORGIA
DEPARTMENT OF AGRICULTURE. THIS APPLICATION IS BEING
FILED FOR THE FOLLOWING REASON(S).

☐ (22) TESTING IN ADDITIONAL CATEGORIES

☐ (23) RETEST

PRESENT EMPLOYER

NAME OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (____)-_____

DO YOU ACTUALLY APPLY OR SUPERVISE THE APPLICATION OF
PESTICIDES IN YOUR PRESENT JOB? ☐ YES ☐ NO

(AERIAL APPLICATORS ONLY)

1. F.A.A. COMMERCIAL LICENSE NO. _____

2. HAVE YOU ENTERED A GUILTY PLEA OR BEEN FOUND
GUILTY AFTER JANUARY 1, 1984 OF ANY VIOLATION OF THE
GEORGIA CONTROLLED SUBSTANCE ACT, WHICH VIOLATION
INVOLVED THE USE OF AN AIRCRAFT? ☐ YES ☐ NO

OPERATIONAL CATEGORIES

(Check only the categories that you will be examined in)

- | | |
|--|--|
| <input type="checkbox"/> (21) AGRICULTURAL PEST CONTROL | <input type="checkbox"/> (32) REGULATORY PEST CONTROL |
| <input type="checkbox"/> (22) ANIMAL PEST CONTROL | <input type="checkbox"/> (33) DEMONSTRATION AND RESEARCH |
| <input type="checkbox"/> (23) FOREST PEST CONTROL | <input type="checkbox"/> (34) AERIAL EQUIPMENT AUTHORIZATION |
| <input type="checkbox"/> (24) ORNAMENTAL AND TURF PEST CONTROL | <input type="checkbox"/> (35) INDUSTRIAL, INSTITUTIONAL, STRUCTURAL
AND HEALTH RELATED PEST CONTROL |
| <input type="checkbox"/> (24A) INTERIORSCAPE | <input type="checkbox"/> (36) WOOD TREATMENT |
| <input type="checkbox"/> (24B) INDOOR AND OUTDOOR | <input type="checkbox"/> (37) ANTI-MICROBIAL APPLICATION |
| <input type="checkbox"/> (25) SEED TREATMENT | <input type="checkbox"/> (38) COMMODITY FUMIGATION |
| <input type="checkbox"/> (26) AQUATIC PEST CONTROL | <input type="checkbox"/> (39) ANTI-FOULANT PAINTS |
| <input type="checkbox"/> (27) RIGHT OF WAY PEST CONTROL | <input type="checkbox"/> (40) WORKER PROTECTION STANDARDS |
| <input type="checkbox"/> (31) PUBLIC HEALTH PEST CONTROL | |

I certify that the above information is correct: _____

↑

Signature

↑

OFFICE USE ONLY

1) _____
Commercial Applicator License No.

2) (____) _____
(County Code) Contractor Number

Rev. 4/99

Date Paid: _____

Voucher: _____

By: _____